

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?: Yes

Number of copies of CRF: 1

Title :: COMPOUNDS AND METHODS FOR
MODULATING CELL ADHESION

Attorney Docket Number: 100086.401C18

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets: 61

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Orest
Middle Name::	W
Family Name::	Blaschuk
Name Suffix::	
City of Residence::	Westmount
State or Province of Residence::	Quebec
Country of Residence::	Canada
Street of mailing address::	4998 de Maisonneuve West Suite 1520
City of mailing address::	Westmount
State or Province of mailing address::	Quebec
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H3Z 1N2

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Barbara
Middle Name::	J
Family Name::	Gour
Name Suffix::	
City of Residence::	Kemptville
State or Province of Residence::	Ontario
Country of Residence::	Canada

Street of mailing address:: 2890 Donnelly Drive
RR#4
City of mailing address:: Kemptville
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: K0G 1J0

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Riaz
Middle Name::
Family Name:: Farookhi
Name Suffix::
City of Residence:: Montreal
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of mailing address:: 4242 West Hill Avenue
City of mailing address:: Montreal
State or Province of mailing address:: Quebec
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: H4B 2S7

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Anmar

Middle Name::
 Family Name:: Ali
 Name Suffix::
 City of Residence:: San Diego
 State or Province of Residence:: CA
 Country of Residence:: US
 Street of mailing address:: 5230 Fiore Terrace #402
 City of mailing address:: San Diego
 State or Province of mailing address:: CA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 92122

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-In-Part	10/464,071	6/18/03
10/464,071	Continuation	09/544,782	4/7/00
09/544,782	Continuation-In-Part	09/458,870	12/10/99
09/458,870	Continuation-In-Part	09/357,717	7/20/99

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
09/357,717	Continuation-In-Part	09/248,074	2/10/99
09/248,074	Continuation-In-Part	08/996,679	12/23/97
08/996,679	Continuation-In-Part	08/893,534	7/11/97
08/893,534	Non –Provisional Claiming The Benefit Under 35 USC 119(e)	60/021,612	7/12/96
This application	Continuation-In-Part	10/359,546	2/4/03
10/359,546	Continuation	09/248,015	2/10/99
09/248,015	Continuation-In-Part	08/996,679	12/23/97
08/996,679	Continuation-In-Part	08/893,534	7/11/97
08/893,534	Non –Provisional Claiming The Benefit Under 35 USC 119(e)	60/021,612	7/12/96

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	